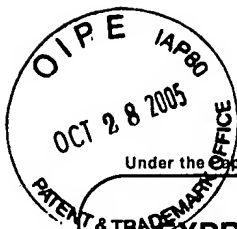


10-31-05

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PTO/SB/24 (06-04)  
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Application Number	10/699,317
Filing Date	10/31/2003
First Named Inventor	Caldwell
Art Unit	3634
Examiner Name	Hugh B. Thompson
Attorney Docket Number	29314.00

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- ☒ attorney or agent of record. Registration Number 27,371
- ☐ attorney or agent acting under 37 CFR 1.34(may act under 37 CFR 1.34  
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Robert E. Pitts

865-584-0105

Typed or printed name

Telephone Number

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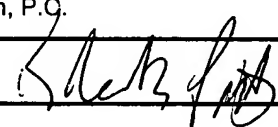
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/699,317	
	Filing Date	October 31, 2003	
	First Named Inventor	CALDWELL	
	Art Unit	3634	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	29314.00

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Receipt Postcard</b>		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Pitts and Brittan, P.C.		
Signature			
Printed Name	Robert E. Pitts		
Date	10/28/05	Reg. No.	27,371

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